

No. 24/00990
_ _ _ _

United States of America



DEPARTMENT OF STATE

To all to whom these presents shall come, Greeting:

I Certify That Brykya K. Shelton,

whose name is subscribed to the document hereunto annexed, was at the time

of subscribing the same Chief, Records Creation and Retention Division,


Passport Services, *Department of State, United States*

of America, and that full faith and credit are due to his acts as such.



In testimony whereof, I Antony J. Blinken

Secretary of State, have hereunto caused the seal of the
Department of State to be affixed and my name subscribed by the
Authentication Officer of the said Department, at the city of
Washington, in the District of Columbia, this 1st
day of August *, 20* 24


Secretary of State.

By 
Authentication Officer, Department of State

Issued pursuant to RS 161.5 USC 22, RS 203.5 USC 158; Sec: 1 of Act of June 25, 1948, 62 St. 946, 28 USC 1733; Sec: 4 of Act of May 26, 1949, 63 St. 111, 5 USC 151c; and Secs. 104 and 332 of Act of June 27, 1952 66 St. 174 and 253, 8 USC 1104, 1443, and 5 USC 140.

This certificate is not valid if it is removed or altered in any way whatsoever



United States Department of State

Washington, D.C. 20520

In reply refer to: Case Nos.: E-2024-00624 / LE-2024000990
CA/PPT/S/RM/RRR – DOUGLAS, Patricia Gale

VIA CERTIFIED MAIL

Aisha Rahman, Special Agent
U.S. Department of Homeland Security
501 S. Flagler Drive Suite 500
West Palm Beach, FL 33401

Dear Ms. Rahman:

We are responding to your memorandum of July 31, 2024, requesting certified passport records in connection with the criminal investigation of Patricia Gale Douglas.

We conducted a search of our records as it pertains to Patricia Gale Douglas and were able to locate one document that appears relevant to your request. After careful review of this document, we have determined that a certified copy may be released in part. Enclosed, please find a certified copy of the document.

The documents are disclosed to your agency in accordance with the provisions of the Privacy Act (5 U.S.C. § 552a(b)(7)) for law enforcement purposes only. Please be advised that the documents are protected by the Privacy Act and may only be released by the Department of State.

-2-

Accordingly, your agency is prohibited from releasing this document to any other agency, department, entity, or individual, outside of your request. However, the documents may be released for court purposes.

We hope the enclosed document will be of assistance to you. If we can be of further assistance, please let us know.

Sincerely,

A handwritten signature in black ink, appearing to be "K. [unclear]", written over a horizontal line.

Team Lead

Passport Services

Office of Records Management

Records Review and Release Division



Washington, D.C. 20520

TO WHOM IT MAY CONCERN:

I, Brykyta K. Shelton, Chief, Records Creation and Retention Division, Office of Records Management, Passport Services Directorate, United States Department of State, certify under penalty of perjury that, as Chief of the Records Creation and Retention Division, I am the custodian of the passport files.

I further certify that: 1) the passport record attached hereto and listed below, consisting of four pages, is a true copy of the original record in the custody of the Passport Services Directorate of the United States Department of State; 2) I am the custodian of this file, and 3) the record attached to this certificate was:

- A. Made at or near the time of the issuance of a passport, or the occurrence of the matters set forth therein, by the person executing the record with knowledge of the information provided therein;
- B. Kept in the course of regularly conducted activity under the authority of the Secretary of State to grant and issue passports; and,
- C. Made during the regularly conducted activity as a regular practice under the authority of the Secretary of State to grant and issue passports.

-2-

1. Application #761717792 for United States passport book #A02889521 issued to Patricia Gale Douglas on January 27, 2022, by the United States Department of State. **[Released in Part- Pursuant to the Freedom of Information Act, subsection (b)(6) and section (b) of the Privacy Act (5 U.S.C. § 552a). We have redacted material, the release of which would constitute a clearly unwarranted invasion of personal privacy of a third party.]**

I further state that this certification is intended to satisfy the following provisions:

- Rule 44, Federal Rules of Civil Procedure
- Rule 27, Federal Rules of Criminal Procedure
- Rule 902, Federal Rules of Evidence, under Title 28, United States Code Annotated

Sincerely,



for Brykyta K. Shelton, Chief
Records Creation and Retention Division
Office of Records Management
Passport Services

Date: AUG 01 2024

00007552-0977

U.S. Department of State
APPLICATION FOR A U.S. PASSPORT

Use black ink only. If you make an error, complete a new form. Do not correct.

OMB CONTROL NO. 1405-0004
 EXPIRATION DATE: 12-31-2023
 ESTIMATED BURDEN: 85 MIN

Select document(s) for which you are submitting fees:

- ☒ U.S. Passport Book ☐ U.S. Passport Card ☐ Both
 The U.S. passport card is not valid for international air travel. (See Instructions Page 3)
☒ Regular Book (Standard) ☐ Large Book (Non-Standard)
 The large book is for frequent travelers who need more visa pages.



761717792

1. Name Last

DOUGLAS

First

PATRICIA

Middle

GALE

☐ D ☐ O ☐ S ☐ NFR

End. #

Exp.

2. Date of Birth (mm/dd/yyyy)

07 [REDACTED] 1945

3. Sex

M ☐ F ☒

4. Place of Birth (City & State if in the U.S. or City & Country as it is presently known.)

CHICAGO, IL

5. Social Security Number

8899

6. Email (see application status at passportstatus.state.gov)

7. Primary Contact Phone Number

8. Mailing Address Line 1: Street/RFD#, P.O. Box, or URB

922 KNOLL VISTA DRIVE

Address Line 2: (Include Apartment, Suite, etc. if applicant is a child, write "In Care Of" of the parent. Example: In Care Of - Jane Doe, mother)

City

SAN MARCOS

State

CA

Zip Code

92078

Country: (if outside the United States)

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)

A.

B.

STOP! CONTINUE TO PAGE 2**DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT**

Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Second Signature Line (if identifying minor)

☒ Driver's License ☐ State issued ID Card ☐ Passport ☐ Military ☐ Other

Name: PATRICIA GALE DOUGLAS

Issue Date (mm/dd/yyyy)

06/23/2018

Exp. Date (mm/dd/yyyy)

07/08/2023

State of Issuance

CA

ID No.

[REDACTED]

Country of Issuance

USA

Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Third Signature Line (if identifying minor)

☐ Driver's License ☐ State issued ID Card ☐ Passport ☐ Military ☐ Other

Name:

Issue Date (mm/dd/yyyy)

Exp. Date (mm/dd/yyyy)

State of Issuance

ID No.

Country of Issuance

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not performed any of the acts listed under "Acts or Conditions" on page 4 of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page 4 of the instructions to the application form.

FOIA(b)(6)

Signature of person authorized to accept applications

U.S. POST OFFICE
 420 N. TWIN OAKS VALLEY RD.
 SAN MARCOS, CA 92069-9998

Name of issuer company (if applicable)

FOIA(b)(6)

Agent ID Number

Facility ID Number

12-28-2021 Date:
 x Patricia A. Douglas
 Applicant's Legal Signature - age 16 and older

x Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

x Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)



DS 11 B 12 2020 1

For Issuing Office Only → Bk 130 Card EF Postage Execution Other

DEPARTMENT OF STATE

JAN 26 2002

FOIA (b)(6)

DS 11 B 12 2020 2



DL [REDACTED] CLASS C
EXP 07/08/2023 END NONE
LN DOUGLAS
FN PATRICIA GALE
922 KNOLL VISTA DR
SAN MARCOS CA 92078
DOB 07 [REDACTED] 1945
RSTR NONE 07081945

SEX F HGT 4'-11" WGT 150 lb EYES BLU
DD 06212018 INSTR CCFD/23 ISS 06/23/2018

Patricia Gale

EDWARD J. BARRETT
COUNTY CLERK
BUREAU OF VITAL STATISTICS—130 NORTH WELLS STREET
CHICAGO 6, ILLINOIS

08007552-0980

JUN 17 1965

STATE OF ILLINOIS ORIGINAL
DWIGHT H. GREEN, Governor
Department of Public Health—Division of Vital Statistics
CERTIFICATE OF BIRTH

IN THIS FORM (except signature)
IN TYPEWRITER OR LEGIBLE PRINTING

PLACE OF BIRTH Registration 3104
Dist. No. 3104

Name of Hospital or Institution *St. Constantine Hospital*
Time to above place before delivery *1 hr.*
(Specify date or hour)

Sex of Child *Female*
Age at time of birth *30*
Date of birth *July 1965*

Parents of Mother: (a) STATE *Illinois* (b) County *Cook* (c) City or Village *Chicago*
(d) Name of Mother *Patricia Gale Douglas* (e) Name of Father *W. G. Ginski*
(f) Address of Mother *732 W. Ginski St.* (g) Address of Father *415*

1. Sex of Child *Female* 2. Race *White* 3. Color or race *White* 4. Age at time of birth *30*
5. Birthplace (city or place) *Chicago, Illinois* 6. Occupation *Housewife*
7. Industry or business in which mother was engaged, as clerk, stenographer, etc. *Trucking Insp.* 8. Industry or business in which father was engaged, as clerk, stenographer, etc. *Own Home*
9. Address of mother at time of birth *912 W. Ginski St. Chicago, Illinois*
10. Address of father at time of birth *415*
11. Name of Laboratory making this test *SC. P.*

12. Date of birth *July 1965* 13. Date of death *12 P.M.* 14. Date of burial *12 P.M.*
15. Name of Burial Place *St. Constantine*

16. Name of Registrar *Edward J. Barrett* 17. Signature of Registrar *Edward J. Barrett*

STATE OF ILLINOIS

County of Cook,

I, EDWARD J. BARRETT, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Edward J. Barrett

County Clerk